ACCESSIONS MEDICAL HISTORY REPORT

OMB No. 0704-0413 OMB Approval Expires: 20241031

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dodinformationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C.§136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Subtitle A, General Military Law, Part II, Personnel (Chapter 31, Enlistments and Chapter 33, Original Appointments of Regular Officers in Grades Above Warrant Officer Grades); 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive (DoDD) 1145.02E, United States Military Entrance Processing Command (USMEPCOM); DoD Instruction (DoDI) 1304.02, Accession Processing Data Collection Forms; DoDI 1304.12E, DoD Military Personnel Accession Testing Programs; DoDI 1304.26, Qualification Standards for Enlistment, Appointment and Induction; DoDI 6130.03, Medical Standards for Appointment, Induction in the Military Services; DoD Manual 1145.02, Military Entrance Processing Station (MEPS); USMEPCOM Regulation 680–3, Entrance Processing and Reporting System Management; and E.O. 9397 (SSN), as amended.

PURPOSE: To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

ROUTINE USE(S): The Routine Uses are listed in the system of records notice found at: https://www.federalregister.gov/documents/2021/04/21/2021-08286/privacy-act-of-1974-system-of-records

DISCLOSURE: Voluntary, however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or \$10,000 fine, or both), to anyone making a false statement. If you are selected for enlistment, commission or entrance into a commissioning program based on a false statement, you may be subject to prosecution under the Uniform Code of Military Justice or to administrative separation proceedings for discharge, and could receive a less than honorable discharge.

SECTION I – APPLICANT INFORMATION								
1. LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)		2. AGE	3. DATE OF BIRTH (YYYYMMDD)	4.a. SOCIAL SECURITY NUMBER	4.b. DoD ID NUMBER (If applicable)			
5. (X each item)		6.a. SERVICE F	ROCESSING FOR (X	(as applicable)	6.b. COMPONENT			
a. SEX (at birth)	b. GENDER	Army	Space Force		(X as applicable) Regular			
Male	Male	Navy	Reserve					
Female	Female	Air Force	Coast Guard	National Guard				
7. PURPOSE OF EXAMINATION (X a	=====================================	8. POSITION (II	current Federal Empl	oyee) (Job Title, Grade, Component)				
Enlistment U.S. Service Ac	ademy							
Commission ROTC Scholars	ship Other:							
SECTION II - APPLICANT (OR P	ARENT/GUARDIAN) AUTHOR	RIZATION STA	TEMENT					
I Have read and understand the warning and penalties that are associated with providing a false statement. I Agree that all protected health information and personally identifiable information (PHI/PII) or data disclosed by myself or others on my behalf with my consent during the accession process is no longer protected by federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules and may be further disseminated as needed. I Authorize release of medical records and information relating to grades, performance, individual education plans, and disciplinary proceedings. Under the Family Educational Rights and Privacy Act (FERPA), United States Military Entrance Processing Command (USMEPCOM)/Department of Defense Medical Examination Review Board (DoDMERB) is authorized to receive all of my education/disciplinary records for evaluation of my suitability for Military Service. I Understand that a medical examination is part of the accession evaluation, may require several visits to the Military Entrance Processing Station (MEPS), or DoDMERB contracted medical center. I may have blood work and/or other medical tests, procedures such as cerumen removal, and/or specialty consultations performed as part of my accession. I Understand that the results of the examination, tests, and consults are not performed as part of an individual healthcare treatment plan, but will be reviewed and considered as part of my accession application file. I Understand that the MEPS/DoDMERB medical staff are not my healthcare providers. If I do not receive notice of an abnormal result of a test or a consultation, I am not to assume that the result is normal. Furthermore, if any test or consultation results are abnormal, then I am responsible for obtaining those results from the MEPS/DoDMERB contracted medical center to discuss medical results, it is my responsibility to take quick action to return to the MEPS/DoDMERB contracted medical center to discuss medical results, it is my responsibility to take quick action to								
I Certify that the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my								
medical and mental/behavioral health	history.	. 0			•			
a. SIGNATURE					b. DATE SIGNED (YYYYMMDD)			

b. SIGNATURE

CUI (when filled in)

3. RECRUITING REPRESENTATIVE CERTIFICATION: (If applicable) I certify that all applicant information above is complete and true to the best of my knowledge.

b. RECRUITER IDENTIFICATION NUMBER

DD FORM 2807-2, DEC 2021

a. NAME (Last, First, Middle Initial)

a. NAME (Last, First, Middle Initial)

2. PARENT OR GUARDIAN AUTHORIZATION (Signature is mandatory if applicant is a minor)

POC: 703-695-5527

c. SIGNATURE

c. DATE SIGNED

d. DATE SIGNED (YYYYMMDD)

(YYYYMMDD)

SECTION IN - MEDICAL HISTORY 1. Medications, any prescription or nor the current redication(s) taken regularly or as access or access or street or street or street or section	LAST NAME - FIRST NAME - MIDDLE INITIAL (Suffix)	SOCIAL SECURITY NUMBER			IUME	BER	DoD ID NUMBER (If applicable)				
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SECTION IV	– APPLICAN	IT COMMENTS		
Explain all "\	ES" answers	to questions above. Write	the item number and provide details to include the follo	owing: description of the problem/condition, date of
onset of the	problem/cond	ition, date of treatment, na	me of health care provider, clinic, center, hospital along	g with City and State. Comment on the current status
of the proble	rn/condition. A	Attach additional sheet(s) if	necessary, and sign and date each additional sheet.	Attach copies of all applicable medical records.
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LAST NAME – FIRST NAME – MIDDLE INITIAL (Suffix)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
SECTION V – MEDICAL PROVIDER SUMMARY		
he medical provider will review all applicant comme elow on each "YES" answer. Attach additional shee	nts on "YES" answers, and all submitted ts if necessary.	supporting medical documentation. The provider will comment

DD FORM 2807-2, DEC 2021 PREVIOUS EDITION IS OBSOLETE.

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